



State of Hawaii
COMMISSION ON WATER RESOURCE MANAGEMENT
Department of Land and Natural Resources
MONTHLY GROUND WATER USE REPORT

For Official Use Only:

Name: _____

Company: _____

Address: _____

Telephone No.: _____ **Fax No.:** _____

Report Month: _____ **Year:** _____

INSTRUCTIONS: Please TYPE OR PRINT CLEARLY. Complete this form to report total monthly ground water use, and, if required, other information from each of your well sources. Mail to: Commission on Water Resource Management, P.O. Box 621, Honolulu, HI 96809. For assistance, please call (808) 587-0265.

State Well No.	Well Name	Period Begin Date (mm/dd/yy)	Period End Date (mm/dd/yy)	Quantity Pumped (gallons)	Method of Measurement*	Chloride (mg/l)	Temp. (°F)	Non-Pumping Water Level (ft. above msl)**

* Flow meter, electrical consumption, weir or flume, not metered (estimated).

** Measurement should be taken while pump is NOT running just prior to a pumping cycle;
If measurement is taken while pump is running, please indicate so.

Other comments or additional information (e.g., date and method of chloride measurement, how pumpage amounts are estimated, etc.):

Submitted by (print): _____

Title: _____

Signature: _____

Date: _____